



City of Seattle

Department of Planning and Development

Mailing Address: 700 Fifth Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.seattle.gov/dpd Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION



Work Site Address: _____ Zip: _____

Work Activity Location: _____ Apt/Suite: _____

Occupancy: ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: (_____) _____ Fax: (_____) _____ Address: _____ Apt/Ste: ____ City/State: _____ Zip: _____	State License #: _____ City of Seattle Bus Lic#: _____ Name: _____ Phone: (_____) _____ Fax: (_____) _____ Address: _____ Apt/Ste: ____ City/State: _____ Zip: _____

- ☐ Electrical Plan Review (2 sets of plans required)
☐ Advance Plan Examination

A Washington State registered architect or engineer may request an advance plan examination of electrical plans when the electrical contractor has not yet been selected. Advance Plan Examinations require submission of application with 2 sets of required plans and payment of 50% of the estimated permit fee.

Declared Value of Work:

\$ _____
 Fee based on Electrical Construction Value:
 Include labor and materials whether or not furnished by installer and fixtures, furnishings and equipment provided by the owner

- ☐ Fire Alarm Plan Review (3 sets of plans required)

Fire Alarm Plan Review is required for the installation of all new fire alarm systems and for the addition, replacement or relocation of 7 or more devices for an existing fire alarm system.

SECONDARY CONTRACTOR INFORMATION

Name: _____
 Phone: (_____) _____
 Fax: (_____) _____
 Address: _____ Apt/Ste: ____
 City/State: _____ Zip: _____

Number of Control Units:

Number of Devices:



The Revised Code of Washington (R.C.W.19.28) and the City of Seattle Electrical Code requires all individuals or entities (other than the property owner) engaged in the business of the installation of electrical wiring to have a valid Washington State Electrical Contractors license.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ Date of Application: _____
 Contractor or Owner (or Authorized Agent)

PAYMENT & MAILING INSTRUCTIONS:

- ☐ Pay by Check Mail checks to: DPD, P.O. Box 34234, Seattle, WA 98124-1234
☐ Charge my escrow (ADA) account # _____
☐ Call me at (_____) _____ for a credit card number
 Choose one of the following options: ☐ Mail Permit ☐ Mail & Fax Permit
☐ Hold Permit for Pick-Up ☐ Mail & Email Permit to: _____

DPD USE ONLY:

Permit #: _____
 Permit Fee: _____